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## Timeliness of Services during the First Two Years of Life among Medicaid-Enrolled Children with Orofacial Clefts in North Carolina, 1995–2002

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### Abstract

**Background and Objectives:** In 1993, the American Cleft Palate-Craniofacial Association (ACPA) developed parameters of care for patients with craniofacial conditions such as orofacial clefts (OFC). To date, no study has examined the timeliness of services according to these guidelines. The objectives of this study were to determine: 1) the proportion of children with OFC continuously enrolled in Medicaid who received primary cleft surgery within the ACPA guidelines; and 2) the proportion of children with OFC continuously enrolled in Medicaid who received selected specialized services during the first two years of life within the ACPA guidelines.

**Methods:** Data from North Carolina vital statistics, the North Carolina Birth Defects Monitoring Program, and Medicaid enrollment and paid claims were linked to identify resident children with OFC born between 1995 and 2002 who were continuously enrolled in Medicaid through age two. Proportions of children who received primary cleft surgery within six and 18 months of life by cleft type and presence of other birth defects were determined. Proportions of children who received specialized service such as speech and language therapy within the ACPA guidelines were also determined.

**Results:** About 78 percent of children with OFC had primary cleft surgical repair within 18 months of life. Of those children who received timely surgery, the mean age surgery occurred was five months. About 51 percent of children received speech and language therapy, 28 percent received audiology services, and 16 percent received dental care within the ACPA recommendations.

**Conclusion:** Most children with OFC who were continuously enrolled in Medicaid received primary cleft surgery within the ACPA recommendations; however, many children did not receive other necessary specialized services. Efforts to increase timely receipt of services for this population to improve their health outcomes are needed.